



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

RECEIVED  
MAR 14 2011  
DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: **Transfer a Portion of Water Right S4-30133C**

CS4-30133C	
FOR OFFICE USE ONLY	
CHANGE No. <u>Chel-11-02</u>	WRIA <u>47</u>
DATE ACCEPTED <u>03-29-2011</u>	BY <u>J. deVera</u>
FEE \$ <u>1000.00</u>	REC'D <u>3, 10, 11</u>
CHECK No. <u>1519</u>	<u>03-14-2011</u>
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Thomas Reynolds</b>	PHONE NO. <b>(509) 665-3275</b>	Fax NO. <b>()</b>
ADDRESS <b>745 King's Court</b>		
CITY <b>Wenatchee</b>	STATE <b>WA</b>	ZIP CODE <b>98801</b>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Mark Peterson, Peterson Law Office</b>	PHONE NO. <b>(509) 264-1882</b>	FAX NO. <b>(816) 817-4435</b>
ADDRESS <b>1227 First Street</b>		
CITY <b>Wenatchee</b>	STATE <b>WA</b>	ZIP CODE <b>98801</b>

**1. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>S4-30133C</b>	RECORDED NAME(S) <b>Earl Stanley Foster</b>
<b>DO YOU OWN THE RIGHT? YES X NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:</b> <b>Earl Stanley Foster</b> <b>10196 South Lakeshore Road</b> <b>Chelan, WA 98816</b>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

SY-30133CWR15 FOSTER			
FOR OFFICE USE ONLY			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

CS4-30133C

Chel-11-02  
ECY 040-1-97 (Rev. 7/05)



3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	N O.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<u>Lake Chelan</u>		<u>NW</u>	<u>SW</u>	<u>28</u>	<u>28</u>	<u>21E</u>	<u>282128635205</u>	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<u>Lake Chelan</u>				<u>28</u>	<u>28</u>	<u>21E</u>	<u>292128320155</u>	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: X YES      PROPOSED: ☒ YES

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<u>Three dwellings and incidental irrigation of 1/3 acre</u>	<u>.033 CFS</u>	<u>1.50</u>	<u>Year Round Domestic, Incidental Irrigation on .33 acres</u>

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<u>Same</u>			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
<b>Lot #42 of Joshua Green's Lake Chelan Addition in the W1/2NW1/4SW1/4 of Section 28, T. 28 N., R. 21 E.W.M., Chelan County, Washington.</b>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
<u>NW</u>	<u>SW</u>	<u>28</u>	<u>28</u>	<u>21</u>	<u>Chelan</u>	<u>282128635205</u>	<u>.33</u>
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
<b>Same as existing and in addition:</b>							
<b>Lot 2, Certificate of Exemption 2005-018 filed under Auditor's File Number 2203177, Chelan, County, Washington.</b>							
<b>Except therefrom that portion of said lot 2 lying Easterly of the following described line A; Beginning at a brass cap W.P.M.C., said point being on the West line of said section, thence South 72 29' 35" East a distance of 112.27 feet to the True Point of Beginning for said described Line A; thence South 11 05' 23" West a distance of 135.24 feet, more or less, to the Northerly right of way for C.R.P. 480, said road being known as South Lake Shore Road, said point being the end of described line A. Line A shall extend northerly to the line of the high water mark.</b>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
<u>NW</u>	<u>SW</u>	<u>28</u>	<u>29</u>	<u>21</u>	<u>Chelan</u>	<u>292128320155</u>	<u>.38</u>
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.





Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): WRC102860

**6. Remarks and Other Relevant Information:**

**Applicant seeks to transfer 1/3 of the right to the proposed place of use to support the development of one dwelling and a .11 acre yard incidental to the dwelling. 2/3 of the right will be retained at the existing place of use where the number of dwellings will decrease to 2 and the irrigated portion of the yard will be reduced to .22 acres.**

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_


Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.



**7. Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

 2/28/11  
(Applicant) (Date)

\_\_\_\_\_  
(Water Right Holder) (Date)   /  /  

\_\_\_\_\_  
(Land Owner(s) of Existing Place of Use) (Date)   /  /  

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

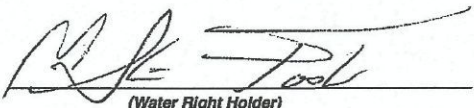

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ APPLICATION FEE NOT ENCLOSED      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE:   /  /

**7. Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

_____ (Applicant)	_____ (Date)
 _____ (Water Right Holder)	_____ (Date)
 _____ (Land Owner(s) of Existing Place of Use)	_____ (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

<b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b>	
<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____ DATE: ____/____/____	